

NEVADA DEPARTMENT OF CORRECTIONS	SERIES 600 HEALTH CARE SERVICES	SUPERSEDES: AR 645 (08/30/93) AR 646 (07/01/93) AR 655 (08/30/93)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 645 PREVENTION OF SUICIDE, VIOLENCE, AND SELF- INJURIOUS BEHAVIOR; SUICIDE PREVENTION TRAINING TEMP	EFFECTIVE DATE: 12/17/03

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PURPOSE

To establish procedures governing the management and prevention of suicidal, violent, and self-injurious behavior by inmates housed within the Department.

To describe the Suicide Prevention Training Program of the Department.

AUTHORITY

NRS 209.131

RESPONSIBILITY

All Department employees have the responsibility to have knowledge of and comply with this procedure.

DEFINITIONS

AMBULATORY RESTRAINTS – Soft wrist and leg restraints that are designed so that they allow the inmate to walk while restrained.

DEBRIEFING – For the purposes of this regulation, a meeting to provide feedback and support following a major incident staff.

MENTAL HEALTH PROFESSIONAL – A psychiatrist, psychologist, psychiatric nurse, or clinical social worker employed by the Department.

MENTAL HEALTH REASONS OR PURPOSES – Action taken not solely for security reasons but to control suicidal, violent, or potentially violent behavior by inmates with apparent mental illness.

MENTAL HEALTH SECLUSION – Inmate housing consisting of a single cell under close observation by medical/mental health staff with only limited property allowed (e.g., hygiene and clothing items).

MENTAL ILLNESS – Any mental dysfunction leading to impaired ability to maintain oneself and function effectively in one's life situation without external support.

MENTAL RETARDATION – Significantly below average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

PHYSICIAN'S ORDER – A medical order given verbally to a nurse or in written format on Form DOC-2518, Physician's Orders by a medical professional authorized to do so: a physician, psychiatrist, physician's assistant, or advanced practice nurse.

PRE-SERVICE TRAINING (PST) – Training provided by the Department to ensure employees receive the basic orientation to the knowledge, skills and has an opportunity to demonstrate their abilities to meet the job's minimum essential functions as well as comply with regulatory authorities (i.e. Occupational Health and Safety Administration, Nevada Commission on Peace Officers' Standards and Training, and American Correctional Association, etc.).

RE-FRESHER/CONTINUING EDUCATION TRAINING – For the purposes of this regulation, training provided or supported by the Department to ensure staff is up-dated in various laws, ideas, methods and procedures to enhance staff knowledge, skills and abilities.

SUICIDE WATCH – Inmate housing in a single cell in an acute mental health unit or infirmary, under constant observation by staff, with no property allowed other than bedding designed for the prevention of self-injurious behavior.

APPLICABILITY

This regulation applies to all inmates housed within the Department.

PROCEDURES

645.01 PREVENTION OF SUICIDE, VIOLENCE, AND SELF-INJURIOUS BEHAVIOR

1.1 Techniques used for behavior control for psychotherapeutic purposes will never be used as punishment.

1.2 The use of mental health seclusion, suicide watch, and restraints will be consistent with national mental health care standards and will be terminated when the conditions justifying it no longer exist.

1.3 Mental Health Seclusion

1.3.1 An inmate may be placed in mental health seclusion if found to be a danger to self or others for one or more of the following reasons:

1.3.1.1 The inmate appears gravely disabled or is displaying bizarre or unusual behavior and requires evaluation/observation;

1.3.1.2 The inmate appears to suffer from a mental illness and is threatening/has attempted to harm themselves or others; and

1.3.1.3 The inmate appears to suffer from a mental illness and exhibits disruptive or volatile behavior that prevents the effective milieu treatment of other inmates.

1.3.2 Procedure for Use of Mental Health Seclusion

1.3.2.1 Placement of an inmate in seclusion for mental health reasons requires a physician's order. In an emergency situation, i.e., when an inmate is an imminent threat to self or others, a registered nurse may place an inmate on seclusion and obtain a physician's order within two (2) hours.

1.3.2.2 A physician's order for seclusion must be renewed every twelve (12) hours. A physician's will discontinue seclusion order when the conditions justifying its use no longer exist.

1.3.2.3 Secluded inmates shall be checked every fifteen (15) minutes by mental health or custody staff. Checks must be logged with a description of the inmate's condition on Form DOC-2582, Observation Record. The log will be placed in the inmate's medical file.

1.4 Suicide Prevention **(3-4364)**

1.4.1 Written protocols for response to suicides/suicide attempts and their Qualified mental health staff with the approval of the Medical Director will develop prevention.

1.4.2 Inmates in the Intake/Reception Centers are tested and clinically interviewed for suicide potential by institutional psychologists and/or psychiatrists prior to their initial classification procedures.

1.4.3 Any inmate suspected of being potentially suicidal must be referred immediately to medical staff for evaluation and an Informative will be submitted by the reporting employee following the notification.

1.4.1.1 If a referred inmate is judged to be non-suicidal upon evaluation, the medical staff will write an entry in the inmate's medical file detailing the basis for this conclusion.

1.4.1.2 If a referred inmate is judged to be suicidal, the medical staff will:

- Arrange transfer of the inmate to the designated housing area (Infirmary or Mental Health Unit);
- Contact the on-call physician;
- Initiate the suicide watch procedure; and
- Complete the appropriate documentation for the medical record.

1.4.1.3 While a suicide watch may be initiated in Infirmary housing on a temporary basis, arrangements should be made for the inmate to be transferred to a Department inpatient Mental Health Unit as quickly as possible.

1.4.4 Procedure for Use of Suicide Watch

1.4.4.2 An inmate found to be a potential danger to self may be placed on suicide watch. Placement of an inmate on suicide watch requires a

physician's order. In an emergency situation, i.e., when an inmate is an imminent threat to self, a registered nurse may place an inmate on suicide watch and obtain a physician's order within two (2) hours.

1.4.4.3 Suicide watch requires that an inmate be under constant observation by a Department staff member. This may be accomplished through use of a camera and monitor.

1.4.4.4 In addition, an inmate on suicide watch must be checked every fifteen (15) minutes by mental health or custody staff. Checks must be logged with a description of the inmate's condition on Form DOC-2582, Observation Record. The log will be placed in the inmate's medical file.

1.4.4.5 An inmate on suicide watch shall be placed in a cell with no property.

1.4.4.6 A physician's order for suicide watch must be renewed every twelve (12) hours if the inmate is to remain on suicide watch. Suicide watch will be discontinued by a physician's order when the conditions justifying its use no longer exist.

1.4.5 If a successful suicide does occur, mental health staff shall conduct a debriefing session.

1.5 Procedure for the Use of Restraints for Mental Health Purposes **(3-4362)**

1.5.1 The use of restraints for mental health purposes is a medical/mental health procedure, and is to be directed and monitored by medical/mental health staff to ensure the health and safety of the inmate during the period of restraint.

1.5.2 Restraints applied for mental health reasons will never be used for the purpose of punishment.

1.5.3 Use of restraints shall be terminated when the conditions justifying their use no longer exists.

1.5.4 Restraints will be used when an inmate with apparent mental illness displays potentially violent or harmful behavior towards self or others to the point that his behavior can only be controlled by the use of physical restraint devices.

1.5.5 Physical restraints must be made of leather, nylon, or cloth (soft restraints). Metal restraints will not be used to control an inmate in mental health seclusion, except when needed temporarily to intervene in an emergency or for inmate movement.

1.5.6 Soft restraints will be available at each location where restraints are used.

1.5.7 No inmate in the Department may be restrained to a fixed object unless it is in compliance with the provisions of this regulation.

1.5.7.1 If an inmate is to be restrained to a fixed object, it may only be to the top of a restraint bed in a seclusion room or a properly authorized restraint chair designed for that purpose.

1.5.7.2 Only soft restraints will be used to restrain an inmate to a fixed object as described above.

1.5.8 When an inmate who appears to suffer from a mental illness is violent suicidal, or poses an imminent threat to the safety of self or others, he may be placed in soft restraints by a physician's order.

- In an emergency situation, i.e., when an inmate is an imminent threat to self or others, a registered nurse may place an inmate in restraints and obtain a physician's order within two (2) hours.

1.5.9 An inmate to be restrained under conditions described above shall first be moved to the appropriate crisis cell in the Infirmary or Mental Health Unit designated for that institution.

1.5.10 Restrained inmates must be physically checked on a regular basis. These checks must be logged with a description of the inmate's condition on Form DOC-2582, Observation Record. The log shall be placed in the inmate's medical file. Required checks include, but are not limited to:

1.5.10.1 Circulation checks by mental health or medical staff, or by a correctional officer who has been properly trained, every fifteen (15) minutes;

1.5.10.2 Reposition the inmate and offer fluids every two (2) hours; and

1.5.10.3 Offer access to toilet facilities every two (2) hours (this can be a bedpan or urinal if the inmate is not safe to let up).

1.5.11 A written Restraints Report, on Form DOC-2536, will be completed by the nurse on duty and forwarded to the Medical Director/designee and the Warden of the institution by 8:00 am on the day following the initiation of restraint of any inmate to a fixed object. The report will include information on who authorized the restraint.

1.5.12 A physician's order for restraints must be renewed every eight (8) hours. Restraints will be discontinued by a physician's order when the conditions justifying their use no longer exist.

1.5.13 Restraints will not be applied for longer than twenty-four (24) hours, unless specific violent or self-injurious behavior is again evidenced at the end of the twenty-four (24) hour period.

1.5.14 Ambulatory soft restraints may be used in cases of continued severe injurious behavior towards self or others by a mentally ill inmate, as deemed appropriate by a psychiatrist.

- The use of ambulatory restraints will be governed by all of the conditions described above.

1.5.15 The use of soft restraints (posey belt, vests, non-leather/non-metal straps) for patients with chronic medical conditions for medical safety will not be prohibited by this regulation.

- The use of such restraints for medical reasons requires a physician's order and may only be implemented in an Infirmary or Mental Health Unit with twenty-four (24) hour nursing observation.

1.6 Time Out

1.6.1 Time out is a psychotherapeutic intervention used to help an agitated Inmates housed in a Mental Health Unit calm down and gain control.

1.6.2 A time out may be initiated by any mental health professional on the Mental Health Unit.

1.6.3 During a time out, the inmate will be locked in his or her cell for a period of fifteen (15) minutes to two (2) hours. The inmate will retain all personal property, unless further restrictions are deemed necessary.

1.6.4 The mental health professional initiating the time out will document the circumstances in the inmate's medical file on Form DOC-2585, Mental Health Progress Note.

645.02 SUICIDE PREVENTION TRAINING

1.1 The Department will provide training to custody, program, and medical, and selected staff for the purpose of suicide prevention.

1.1.1 Pre-Service Training (PST): All new employees are required to complete classes in the identification, recognition, and mental health referral of suicidal, mentally ill, or mentally retarded inmates. **(3-4351 and 3-4364)**

1.1.1.1 Training shall include, but is not limited to:

- Signs, symptoms and predisposing factors of potentially suicidal inmates;
- Risk factors in the evaluation of suicide potential;
- Management of potentially suicidal inmates;
- A review of the Administrative Regulations concerning mental health issues;
- Signs and symptoms of mental illness, mental retardation, and chemical dependency; and
- Procedures for referring or transferring inmates to appropriate mental health providers or facilities.

1.1.1.2 Refresher/Continuing Education training will be determined by the Department.

- The frequency of such training and its curriculum will be provided as deemed necessary and coordinated through the Department's Office of the Employee Development Manager.

REFERENCES

ACA Standards 3-4351, 3-4362, and 3-4364

ATTACHMENTS

Physician's Orders, DOC-2518
Mental Health Progress Note, DOC-2585
Mental Health Observation Record, DOC-2582
Restraints Report, DOC-2536

Jackie Crawford, Director

Date

Ted D'Amico, D.O., Medical Director

Date

CONFIDENTIAL

Yes

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No

**THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES
ON THIS SPECIFIC SUBJECT.**